

MAY 21 2003

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2876

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

Application Number	10/038,415 2800 MAIL ROOM
Filing Date	January 3, 2002
First Named Inventor	Mark B. Hodes
Group Art Unit	
Examiner Name	
Attorney Docket Number	023987.43008

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Non-payment by client charges for services rendered.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number

Place Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mark B. Hodes				
Address	5350 Poplar Avenue, Suite 750				
Address					
City	Memphis	State	TN	ZIP	38119
Country	USA				
Telephone		Fax			

- This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	Susan B. Fentress
Signature	
Date	May 15, 2003

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.